

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)										
SERIAL NO. 937367 FILING DATE										
APPLICANT(S)										
CLAIMS										
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT						
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.			
1						51				
2						52				
3						53				
4						54				
5						55				
6						56				
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43						93				
44						94				
45						95				
46						96				
47						97				
48						98				
49						99				
50						100				
TOTAL IND.	3					TOTAL IND.				
TOTAL DEP.	77	↓	↓	↓	↓	TOTAL DEP.	87	↓	↓	↓
TOTAL CLAIMS	47	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	TOTAL CLAIMS	53	[REDACTED]	[REDACTED]	[REDACTED]